

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	469,278.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	469,278.44
YTD Amount:	\$	12,572,151.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	1,273.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,273.27
YTD Amount:	\$	34,107.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	15,938.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	15,938.66
YTD Amount:	\$	426,998.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	107,225.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	107,225.52
YTD Amount:	\$	2,866,655.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	16,350.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	16,350.67
YTD Amount:	\$	438,045.25

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	12,822.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	12,822.68
YTD Amount:	\$	337,414.68

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	241,369.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	241,369.20
YTD Amount:	\$	6,466,377.78

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	15,253.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	15,253.92
YTD Amount:	\$	408,660.60

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	59,350.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,350.47
YTD Amount:	\$	1,577,226.99

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	305,247.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	305,247.68
YTD Amount:	\$	8,177,704.10

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	14,673.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	14,673.24
YTD Amount:	\$	393,103.17

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	103,505.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,505.97
YTD Amount:	\$	2,569,703.17

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	105,611.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,611.89
YTD Amount:	\$	2,765,367.61

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	19,902.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	19,902.72
YTD Amount:	\$	533,198.62

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	206,486.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	206,486.52
YTD Amount:	\$	5,531,848.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	53,486.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,486.92
YTD Amount:	\$	1,432,930.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	23,928.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,928.16
YTD Amount:	\$	641,048.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	16,077.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	16,077.77
YTD Amount:	\$	430,725.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	3,725,601.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,725,601.40
YTD Amount:	\$	99,810,237.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
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MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	53,317.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,317.99
YTD Amount:	\$	1,428,404.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	117,340.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	117,340.54
YTD Amount:	\$	2,991,995.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	8,551.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,551.02
YTD Amount:	\$	229,090.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	34,209.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,209.65
YTD Amount:	\$	916,491.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	75,543.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,543.76
YTD Amount:	\$	2,023,845.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	9,491.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,491.62
YTD Amount:	\$	254,286.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	13,692.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	13,692.60
YTD Amount:	\$	366,834.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	97,421.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	97,421.13
YTD Amount:	\$	2,609,951.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	50,286.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,286.42
YTD Amount:	\$	1,329,012.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	32,387.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,387.42
YTD Amount:	\$	864,325.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	773,052.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	773,052.56
YTD Amount:	\$	20,710,368.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	45,663.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,663.98
YTD Amount:	\$	1,223,351.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	13,606.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	13,606.15
YTD Amount:	\$	335,567.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	394,590.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	394,590.33
YTD Amount:	\$	10,571,220.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	413,340.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	413,340.33
YTD Amount:	\$	11,073,547.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	19,092.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	19,092.43
YTD Amount:	\$	511,496.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	479,484.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	479,484.68
YTD Amount:	\$	12,845,581.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	935,718.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	935,718.78
YTD Amount:	\$	25,068,264.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	710,735.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	710,735.27
YTD Amount:	\$	19,040,872.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	183,445.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	183,445.06
YTD Amount:	\$	4,914,565.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	55,086.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,086.77
YTD Amount:	\$	1,475,791.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	167,624.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	167,624.15
YTD Amount:	\$	4,490,715.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	100,616.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,616.79
YTD Amount:	\$	2,695,565.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	406,990.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	406,990.42
YTD Amount:	\$	10,903,431.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	66,803.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,803.03
YTD Amount:	\$	1,789,681.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	92,554.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,554.99
YTD Amount:	\$	2,448,489.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	3,212.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,212.21
YTD Amount:	\$	86,054.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	24,992.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	24,992.75
YTD Amount:	\$	669,567.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	133,744.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,744.98
YTD Amount:	\$	3,583,076.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	208,068.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	208,068.75
YTD Amount:	\$	5,307,765.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	140,200.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,200.06
YTD Amount:	\$	3,756,009.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	48,417.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,417.80
YTD Amount:	\$	1,279,152.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	32,910.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,910.25
YTD Amount:	\$	880,131.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	14,091.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	14,091.21
YTD Amount:	\$	377,506.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	134,468.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	134,468.82
YTD Amount:	\$	3,602,469.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	25,321.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,321.50
YTD Amount:	\$	678,374.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	160,071.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,071.74
YTD Amount:	\$	4,288,377.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	44,420.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	44,420.91
YTD Amount:	\$	1,190,049.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	42,472.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,472.92
YTD Amount:	\$	1,128,148.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	17,248.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	17,248.27
YTD Amount:	\$	462,090.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	77,335.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	77,335.20
YTD Amount:	\$	2,071,842.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000312A
PAYMENT ISSUE DATE: 8/26/2011

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.13633267
Gross monthly apportionment:	\$11,996,515.59	County/City Ratio:	0.00000000

Gross Claim	\$	25,505.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,505.25
YTD Amount:	\$	683,298.42